Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	
Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	M M / D D / Y Y Y Y
Mailing Address 7214 Duchamp Dr.	07 08 2014
	Amount
City State Zip Code	25.00
Char NC 28215	Transaction ID: b0315e49-811e-41bb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	07 08 7 2014
Mailing Address 7214 Duchamp Dr.	
	Amount
City State Zip Code	7.80
Char NC 28215	Transaction ID : b394ceed-26a6-4326-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ 002	M M / D D / Y Y Y Y
Mileage Out Garry Type 002	07 08 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
2010	oursement For: Primary General
Per Election for Office Sought	Other (specify) >
(a) CURTOTAL of howings Independent Funerality was	20.00
(a) SUBTOTAL of Itemized Independent Expenditures	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
Ms. Emily Buchanan	M / D D / Y Y Y Y
[Electronically Filed] Date	07 09 2014

Schedule E)	EXI END	TOTILO				PAGE 2 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	rt filed on	= M /	D = D / Y = Y = Y = Y
Full Name of Payee Roman Rys					- M	c Distribution/Dissemination
Mailing Address 635 Lotarche St				Amou	07 nt	08 2014
City	State	Zip Code				20.00
	NC	27858				ID: 41ad0936-e307-41e3-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	TV	07	08 2014
Name of Federal Candidate			upport	Office Sough	t:	House District: 00
Ms. Kay Hagan			ppose	Preside	_	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	50523.77		Disbursement 2014 O		Primary X General Decify) ▶
Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Roman Rys				T.	07	08 2014
Mailing Address 635 Lotarche St				─ <b></b>	-	00 2014
				Amou	nt	
City	State	Zip Code			1 00	5.10
Greenville	NC	27858				D: 40e27c48-a656-4d4f-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		07	08 2014
Name of Federal Candidate		S	upport	Office Sough	t:	House District: 00
Ms. Kay Hagan		X	ppose	Presid	ent ]	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77		Disbursemer 2014		Primary
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	25.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	-	
(c) TOTAL Independent Expenditures				· [	1-4-	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	09	2014
Signature						

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	HONES	PAGE 3 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination
Mailing Address 4970 Lyman Rd			07 08 2014 Amount
Oit.	Ctata	7:- 0	10.00
City Winston Salem	State NC	Zip Code 27105	40.00  Transaction ID: 9b63fa56-4c88-4f48-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination
Mailing Address 4970 Lyman Rd			07 08 2014 Amount
			Amount
City Winston Salem	State NC	Zip Code 27105	6.90 Transaction ID : c7d7de24-df65-4c49-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  07 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Support Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		46.90
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(.,			7 7 7
(c) TOTAL Independent Expenditures			<b>)</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Mr. Matthew Fouty		07 08 2014
Mailing Address 110 Pebblestone Ct.	An	nount
City	ate Zip Code	40.00
·g		ansaction ID : cbef3d88-f87f-4555-9 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 08 7 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	150523.77 Disbursen	nent For:
Full Name of Payee Mr. Matthew Fouty  Mailing Address 110 Pebblestone Ct.		ate of Public Distribution/Dissemination  M M M / 08 / 2014  mount
City	ate Zip Code	6.90
King		nsaction ID: 766bfa63-b94c-4f74-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 08 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	150523.77 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>	46.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	09 2014
Signature		

PAGE

OF

Schedule E)	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PAGE 5 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report file	ed on Mam / Dab / Yayayay
	·	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St		Amount
City State	Zip Code	50.00
Spruce Pine NC	28777	Transaction ID: bd8d7e83-c3cb-48b7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	150523.77 Dis 201	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination
		07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St		Amount
City State	Zip Code	14.10
Spruce Pine NC	28777	Transaction ID: bf01c9b3-2342-49c4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 08 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	150523.77 Dis	sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		64.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SUBTOTAL OF OTHER HIZER THREE HIGHER EXPENDITURES	·····	7 7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	07 09 7 2014
Signature		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O constant
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
	07 08 2014
Mailing Address 103 Washington Ave	Amount
City State Zip Code	40.00
Newport NC 28570	Transaction ID: 980925d9-7b0e-42db-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Steven Best	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave	Amount
City State Zip Code	10.59
Newport NC 28570	Transaction ID : d9bf2845-b818-42bb-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 08 / 9 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburged 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	50.50
(a) SUBTOTAL OF REINIZED HIDEPENDORE EXPONDITURES	50.59
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 2014
Signature	

Schedule E)	L/11 -112.			PAGE 7 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			-	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l i	C C00530766
				0 00000700
Check if 24-hour report X 48-hour report	X New repo	oort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Solveig Lysne				07 08 7 2014
Mailing Address 7121 Oyster Lane			Amoun	
City	State	Zip Code		41.80
Wilmington	NC	28411		ction ID: b6847ddd-832b-4433-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement 2014	For: Primary ⊠ General ner (specify) ►
Full Name of Payee				f Public Distribution/Dissemination
Solveig Lysne			M	M / D D / Y Y Y Y
Mailing Address 7121 Oyster Lane				07 08 2014
7 121 Gystor Land			Amoun	t
City	State	Zip Code		2.76
Wilmington	NC	28411		tion ID: 1b24c021-7bd8-4be6-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07 08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement 2014 Oth	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			•	44.56
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		· [	4 1 4 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07	09 / 2014
Signature		_		

Schedule E)	PAGE 8 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Date Office Depot #344	e of Public Distribution/Dissemination
Mailing Address 401 North US Hwy 190	07 08 2014
22369 Ponderosa Drive	ount
City State Zip Code	73.41
Covington LA 70433 Tran	nsaction ID: 59c51693-84e3-46cc-a e of Disbursement or Obligation
Purpose of Expenditure Copies of flyers for door to door distribution  Category/ Type  006	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu  Ms. Mary L Landrieu  Presi	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For: Primary ⊠ General  Other (specify) ▶
	e of Public Distribution/Dissemination
Office Depot #344	M = M / D = D / Y = Y = Y
Mailing Address 401 North US Hwy 190	
22369 Ponderosa Drive	ount
City State Zip Code	73.41
Date	saction ID: 38bb16c3-dde4-4c82-a e of Disbursement or Obligation
Purpose of Expenditure Copies of flyers for door to door distribution  Category/ Type  006	07 08 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	146.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	09 2014
Signature	

Schedule E)	112. 011. 01 1102.	INDERT EXILERS			PAGE 9 OF 58 FOR SE OF FORM 24/48
NAME OF COM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	-hour report X 48-hour re	port X New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		7 11011 100			
Full Name of Ralphie	Payee Lockhart				of Public Distribution/Dissemination  07 08 2014
Mailing Addre	ess 6310 Col Glenn Rd			Amou	nt
City		State	Zip Code		40.00
Little Rock		AR	72204		action ID : 707d6cf1-a8e2-4e17-8 of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 001	М	07 08 / 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L F	Pryor		X Oppose	Preside	
	r Year-To-Date ction for Office Sought	,	15711.70	Disbursemen 2014 O	t For:
Full Name o				Date	of Public Distribution/Dissemination
Ralphie I	LUCKHAIL			IV	07 08 2014
Mailing Addr	ess 6310 Col Glenn Rd			Amou	nt
City		State	Zip Code		0.90
Little Rock		AR	72204		ction ID : 24cbe4cc-7b02-4eb3-b of Disbursement or Obligation
Purpose of E Mileage	Expenditure		Category/ Type 002	N	07 D D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L F	Pryor		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought		15711.70	Disbursemen 2014 O	t For:
(a) CURTOTA	L of Hamizad Indonendant C	roon diture e			40.00
(a) SUBTUTA	L of Itemized Independent Ex	penaltures		· -	40.90
(b) SUBTOTA	L of Unitemized Independent	Expenditures		. •	49-1-49-1-49-1
(c) TOTAL In	dependent Expenditures			•	7 1 7 1 7
with, or at the		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
1	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	09 / 2014
Signature			_		

·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
		C C00530766
Check if 24-hour report X 48-hour report New report Ar	mends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Charity Zerbel		of Public Distribution/Dissemination
· ·		07 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Mary Ave	Amou	unt
City State Zip Code		30.00
Neosho MO 64850		saction ID: 2636f6fe-ed71-42a7-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category, Type	/ 001	07 08 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2014	nt For:
Full Name of Payee Charity Zerbel  Mailing Address 804 Mary Ave	Date	of Public Distribution/Dissemination  M 07
OUT Maly AVO	Amou	unt
City State Zip Code		26.40
Neosho MO 64850		action ID: d5ddc259-b404-488a-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Category.  Type	002	07 08 / 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		56.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 07	09 / 9 2014
Signature		

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OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	TIONES		PAGE 11 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
David Ford			07 /	08 / 2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		55.00
Spindale	NC	28160		: a3255cc1-2879-40e1-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
David Ford			07 /	08 / 2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code	<u> </u>	5.97
Spindale	NC	28160		: c365c316-d8d6-4708-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	60.97
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09	2014
. 😈				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		THORIES	PAGE 12 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	30.00
Charlotte	NC	23215	Transaction ID : d6b5dc68-e004-47b0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	150523.77	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	4.20
Charlotte	NC	23215	Transaction ID : fc8c5247-8b25-4eb6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		34.20
(1) OUDTOTAL (11):	10		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-ignaturo			

Schedule E)	A LINDEIN LAN E			PAGE 13 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	ur report X New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee			Data of Bubl	:- Distribution/Discomination
Lisa Booth			Date of Publi	ic Distribution/Dissemination  / 08
Mailing Address 1434 South Avenue			Amount	
City	State	Zip Code		90.00
Eden	NC	27288		ID: a531d166-1cb3-4831-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	150523.77	Disbursement For: 2014 Other (sp	Primary ⊠ General pecify) ▶
Full Name of Payee Lisa Booth			Date of Publ	ic Distribution/Dissemination
			07	08 2014
Mailing Address 1434 South Avenu	a		Amount	
City	State	Zip Code		13.50
Eden	NC	27288	Transaction I Date of Disb	D: 1c972cf4-9b30-4dec-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	<sup>M</sup> 07	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President [	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independe	nt Expenditures		•	103.50
•				
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		. •	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party cor	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	9 07 09	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)		VI LIVE	ii oii Lo				PAGE 14 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)						FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PA	√C						C00530766
							00000700
Check if 24-hour report	X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Full Name of Payee					Da	ate of Public	c Distribution/Dissemination
Ms. Chassidy Mena						07 O7	08 2014
Mailing Address 515 Walter I	Dr.				Aı	mount	
City	State	e	Zip Code				60.00
Lafayette	LA	`	70507				ID : acfb7604-ed6a-49bb-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		07 07	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			<u>'</u>	Support	Office So	ought:	House District: 00
Ms. Mary L Landrieu				Oppose		_	Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought	,	51495.20		Disburse 2014	ment For:	Primary X General Decify) ▶
Full Name of Payee	-				D		c Distribution/Dissemination
Francesca Blom						м = м 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbu	ry Ct						00 2017
	,				A	mount	
City	Stat	ie	Zip Code				60.00
Winchester	VA	١	22602		<b>Tra</b>	ansaction II ate of Disbu	D: 87a04acc-8dcb-44f1-9 ursement or Obligation
Purpose of Expenditure Salary			Category/ Type			07	08 / 2014
Name of Federal Candidate				Support	Office So	ought:	House District: 00
Ms. Kay Hagan			X	Oppose	Pre	esident	Senate State: NC
Calendar Year-To-Date Per Election for Office S	Sought		150523.7	7	Disburse 2014	ment For: Other (sp	Primary
_							
(a) SUBTOTAL of Itemized In	dependent Expenditures				· •	-	120.00
(b) SUBTOTAL of Unitemized	Independent Expenditures						
					_		
(c) TOTAL Independent Expe	nditures				•	7	45 45
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	gestion of, any candidate or	authorized					
Ms. Emily Buchano	ın	[Electron	ically Filed]	Date	07	/ 09	/ Y Y Y Y Y Y 2014
Signature			_				

Sc	chedule E)	A: =::=:	101120				PAGE 15 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC						C00530766
						M M /	D D / Y Y Y Y
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on		
	Full Name of Payee Sarah Biviano				Date	e of Public	c Distribution/Dissemination
	Mailing Address 603 Greenwood Dr					07	08 2014
	000 3.00000 3.				Amo	ount	
	City Stat	te	Zip Code				30.00
	Searcy AR	R	72143				ID: f1ec8bf0-8d7b-486c-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	07	08 / 2014
	Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Pres	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15711.70		Disburseme 2014	ent For: Other (sp	Primary ☐ General
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Sarah Biviano					07	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 603 Greenwood Dr					U/	00 2017
	1				Am	ount	
Ì	City Stat	ite	Zip Code				3.00
	Searcy AF	R	72143		<b>Tran</b> Dat	saction II e of Disbu	D: 58939b3d-1d34-4caf-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	08 2014
	Name of Federal Candidate		;	Support	Office Sou	ght:	House District:00
	Mr. Mark L Pryor		X	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15711.7	0	Disbursem 2014	ent For: Other (sp	Primary
_							
(	(a) SUBTOTAL of Itemized Independent Expenditures				· •	-	33.00
(	(b) SUBTOTAL of Uniternized Independent Expenditures				· ·		
	(c) TOTAL Independent Expenditures				•		
١	Under penalty of perjury I certify that the independent exwitth, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, M M M M M M M M M M M M M M M M M M M	/ 09	2014
	Signature		_				

Scl	nedule E)	EXI ENDI	TOTILO				PAGE 16 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Ch o	ck if 24-hour report X 48-hour report	X New repo	aut Ame	anda rana	rt filed on	M = M /	D = D / Y = Y = Y
one.	ck if 24-hour report	New repo	ort Ame	enas repo	rt filed on		
	Full Name of Payee Mr. Alex Peyton				Date	of Public	Distribution/Dissemination 08 2014
	Mailing Address 859 Hicks Rd				Amo		
ŀ	City	tate	Zip Code				60.00
		LA	70589				ID: e6900878-e9a7-41da-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M O7	08 / 2014
ı	Name of Federal Candidate		s	upport	Office Soug	jht:	House District: 00
	Ms. Mary L Landrieu		Xo	ppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		51495.20		Disburseme	ent For: Other (sp	Primary
Γ	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
1	Mr. Alex Peyton					м = м	08 2014
ľ	Mailing Address 859 Hicks Rd					-	
1					Amo	ount	
ľ	City	State	Zip Code				19.20
		LA	70589		Trans Date	saction ÍI e of Disbu	D: c803b4fb-da6f-4b09-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M	08 2014
ľ	Name of Federal Candidate		S	upport	Office Sou	ght:	House District:00
L	Ms. Mary L Landrieu		X	ppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		51495.20		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures				•	-J-	79.20
(1	b) SUBTOTAL of Unitemized Independent Expenditure	s			· • [		7
(0	c) TOTAL Independent Expenditures				• [	-	
W	inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	07	09	2014
	Signature		_				

Sch	nedule E)	IDIT OILEO				PAGE 17 OF 58 FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				С	C00530766
				M	- M /	
Ched	ck if 24-hour report X 48-hour report New	report Ame	nds repo	rt filed on		
	Full Name of Payee Jennifer Susky					Distribution/Dissemination
	Mailing Address 1117 Shadow Lane				07 <sup>M</sup>	08 / 2014
ľ	Mailing Address 1117 Snadow Lane			Amou	nt	
(	City State	Zip Code				10.00
	Benton AR	72015				ID: 11e430ca-713e-4d9f-9 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type	001	TIV	07	08 / 2014
ī	Name of Federal Candidate	Sı	ıpport	Office Sough	t:	House District: 00
	Mr. Mark L Pryor	X o	opose	Preside	ent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	15711.70		Disbursemen 2014 O		Primary ☐ General
Ī	Full Name of Payee			Date	of Publi	c Distribution/Dissemination
	Jennifer Susky			N.	07	08 2014
	Mailing Address 1117 Shadow Lane			Amou	nt	
				7 11100		
1	City State  Benton AR	Zip Code 72015		Transa	ction II	1.50 D : b1b79490-33bb-496c-a
		72015		Date	of Disbu	ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type	002		07 <sup>M</sup>	08 / 2014
	Name of Federal Candidate	Su	upport	Office Sough	t:	House District: 00
	Mr. Mark L Pryor	Xo	ppose	Presid	ent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	15711.70		Disbursemer 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			·		11.50
(b	o) SUBTOTAL of Unitemized Independent Expenditures			•		
(c	c) TOTAL Independent Expenditures			•		
wi	nder penalty of perjury I certify that the independent expenditu ith, or at the request or suggestion of, any candidate or authori arty committee) any political party committee or its agent.					
		tronically Filed]	Date	07 /	09	2014
	Signature					

Schedule E)	באו בווס			PAGE 18 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Petrina Williams				of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amou	07 08 2014 nt
City	State	Zip Code		51.50
Greensboro	NC	27407		action ID : 93406d46-1c93-4583-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	TV	07 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Petrina Williams			T.	07 08 2014
Mailing Address 3007 Darden Rd				00 2011
			Amou	nt
City	State	Zip Code		9.30
Greensboro	NC	27407		oction ID : 1c23877f-dc48-45f0-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	60.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 / 2014
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ky Broussard	07 08 2014
	Mailing Address 301 N Cedar Street	Amount
	City State Zip Code	50.00
	Abbeville LA 70510	Transaction ID: 16b74d77-c08f-4b31-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	54405.00	ursement For: Primary X General
	Per Election for Office Sought 51495.20 2014	Other (specify)
	Full Name of Payee  Ky Broussard	Date of Public Distribution/Dissemination
	Mailing Address 301 N Cedar Street	07 08 2014
		Amount
	City State Zip Code	13.50
	Abbeville LA 70510	Transaction ID : fe5a39f5-5a19-42d6-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 08 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	63.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7:1 17	09 2014
	Signature	

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OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JEINT EXTEN	on one o	PAGE 20 OF 58 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C C00530766			
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lily Green			07			
Mailing Address 205 Medallion Circle			Amount			
City	State	Zip Code	60.00			
Shreveport	LA	71119	Transaction ID : 101af54f-b110-450e-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 08 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		51495.20	Disbursement For:  Primary  General  General  Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lily Green			07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 205 Medallion Circle			Amount			
City	State	Zip Code	24.00			
Shreveport	LA	71119	Transaction ID : f7de0a64-80d5-4f5c-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07 08 7 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		51495.20	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	nditures		84.00			
			7 7 7			
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>)</b>			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 09 7 2014			
<b>3</b>						

Schedule E)	EXI END					PAGE 21 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Am	ends repo	rt filed on	M = M	/ D = D / Y = Y = Y
Full Name of Payee Sherri Zerbel					M M	ic Distribution/Dissemination
Mailing Address 804 Mary Ave				Amor	07 unt	08 2014
City	State	Zip Code				30.00
	MO	64850				ID: f5b3869e-d69c-47a1-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	] [	07	08 / 2014
Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District: 00
Ms. Kay Hagan			Oppose	Presid	_	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	50523.77		Disburseme 2014		Primary
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Sherri Zerbel					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Mary Ave					01	2014
1				Amo	unt	
City	State	Zip Code				18.30
Neasho	МО	64850				D: c1ec6bb8-50a8-4a22-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	] [	07 <sup>M</sup>	08 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Kay Hagan		X	Oppose	Presid	dent [	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	7	Disburseme 2014		Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				•		48.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [		
(c) TOTAL Independent Expenditures				•		1 2 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	09	2014
Signature						

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI END	JITONES	PAGE 22 OF 58 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C C00530766			
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Sherri Zerbel			07			
Mailing Address 804 Mary Ave			Amount			
City	State	Zip Code	30.00			
Neasho	МО	64850	Transaction ID: 839c9372-2113-4c61-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 08 7 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Mr. Mark L Pryor		X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Sherri Zerbel			07			
Mailing Address 804 Mary Ave			Amount			
City	State	Zip Code	18.30			
Neasho	МО	64850	Transaction ID : c098afb6-9775-4b4a-9 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D D / Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District:00			
Mr. Mark L Pryor		X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	-yy	15711.70	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures		48.30			
(-)						
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•			
(c) TOTAL Independent Expenditures			<b>&gt;</b>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Reagan Brackett	07 08 2014
Mailing Address 502 E Center Ave	Amount
City State Zip Code	35.00
Searcy AR 72143	Transaction ID: 6731ffd3-d7c4-41ad-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
Fill Name of Days	Other (specify)
Full Name of Payee Reagan Brackett	Date of Public Distribution/Dissemination  07  08  2014
Mailing Address 502 E Center Ave	Amount
City State Zip Code	7.38
Searcy AR 72143	Transaction ID: e5e00912-b99d-4c0e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 15711.70	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.38
(b) SUBTOTAL of Unitemized Independent Expenditures	···· <b>&gt;</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	nte 07 09 2014
Signature	

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OF

FEC IDENTIFICATION NUMBER V   C   C00530766		include Ly	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  La 70001  Name of Federal Candidate Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  City State Zip Code Transaction ID: s1ce8454-bec-4908-8 Date of Public Distribution/Dissemination  Transaction ID: s1ce8454-bec-4908-8 Date of Disbursement or Obligation  Transaction ID: s1ce8454-bec-4908-8 Date of Public Disbursement or Obligation  Transaction ID: s1ce8454-bec-4908-8 Date of Public Disbursement or Obligation  Transaction ID: s1ce84	۷۱	romen Speak Out PAC	C C00530766
Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code LA 70001  Name of Federal Candidate Sealer State LA 70001  Name of Federal Candidate Sealer LA 70001  Full Name of Payee President Sealer State LA 70001  Metairie LA 70001  Name of Federal Candidate Sealer State State Seale State State State State Seale State State State Seale State State Seale State State State Seale State State Seale Seale State Seale S	Che	eck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Mailing Address 629 Radiance Ave  City State Zip Code 7000 Transaction ID : e1ee8454-abec-4808-8 Date of Disbursement or Obligation Date of Purpose of Expenditure Solary Oppose President Senate State: LA Calendar Year-To-Date Purpose of Expenditure State Zip Code Ms. Mary L Landrieu Oppose Date of Disbursement For: Primary General Purpose of Expenditure Solary Oppose President Senate State: LA Disbursement For: Primary General Purpose of Expenditure Solary Oppose Date of Public Distribution/Dissemination Trarrin Lesaicherre  Mailing Address 629 Radiance Ave Date Purpose of Expenditure Melage Date of Public Distribution/Dissemination Transaction ID : 315/490-0790-455d-b Date of Public Distribution/Dissemination Of No. Mary L Landrieu Support Office Sought House District: 00 President Senate State: LA Disbursement or Obligation Office Sought: House District: 00 District Senate State: LA Disbursement or Obligation Office Sought: House District: 00 District Senate State: LA Disbursement or Obligation Office Sought: House District: 00 District Senate State: LA Disbursement For: Primary General Per Election for Office Sought Senate State: LA Disbursement For: Primary General District: 00 District Senate State: LA Disbursement For: Primary General District: 00 District Senate State: LA Disbursement For: Primary Senate State: LA Disbursement F	$\Box$	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Metairie LA 70001  Name of Federal Candidate Support Maining Address 629 Radiance Ave  City State Zip Code Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  Name of Federal Candidate LA 70001  City State Zip Code President Senate State: A Disbursement or Obligation  Transaction ID : e1ee8454-abec-4808-8 Date of Disbursement or Obligation  To 7			
Metairie LA 70001  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type  Ont  Transaction ID: e1ee8454-abec-4808-8 Date of Disbursement or Obligation  Office Sought:  Office Sought:  Office Sought:  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  Metairie  La 70001  Name of Federal Candidate  Support  Office Sought:  Transaction ID: 315/49db-07g4-45bd-b Date of Public Distribution/Dissemination  Transaction ID: 315/49db-07g4-45bd-b Date of Disbursement or Obligation  Transaction ID: 315/49db-07g4-45bd-b Date of Disbursement For:  Office Sought:  Name of Federal Candidate  Support  Office Sought:  Office Sought:  Office Sought:  Office Sought:  Transaction ID: 415/49d-07g4-45bd-b Date of Disbursement For:  Primary  Office Sought:  Office Sought	١	Mailing Address 629 Radiance Ave	Amount
Metairie LA 70001  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type 001  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  Metairie  LA 70001  Name of Federal Candidate  Mailing Address 629 Radiance Ave  Metairie  La 70001  Name of Federal Candidate  Name of Federal Candidate Mileage  Support  Office Sought:   House District:   OO   Persident   Senate State:   LA   Disbursement For:   Primary   General 2014   Other (specify)   ►  Transaction ID: 315/49db-019d-45bd-b   Date of Public Distribution/Dissemination  Transaction ID: 315/49db-019d-45bd-b   Date of Public Distribution/Dissemination  Transaction ID: 315/49db-019d-45bd-b   Date of Disbursement or Obligation  Transaction ID: 315/49db-019d-45bd-b   Date of Disbursement For:   Primary   Disbursement or Obligation  Transaction ID: 315/49db-019d-45bd-b   Date of Disbursement For:   Primary   Disbursement or Obligation  Transaction ID: 315/49db-019d-45bd-b   Date of Disbursement For:   Primary   Di	ł	City State Zip Code	70.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure Mailing Address 629 Radiance Ave  City Metairie  LA To001  Name of Federal Candidate Mileage  Category/ Web are the company of the company	١		Transaction ID : e1ee8454-abec-4808-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  City State LA 70001  Purpose of Expenditure Mileage  Category/ Mileage  Category/ Mileage  Calendar Year-To-Date Per Election for Office Sought  Category/ Mileage  Office Sought: House District: Moleant State: LA  Disbursement For: Primary  General  Cother (specify) ▶  Category/ Mileage  Category/ Mileage  Category/ Mileage  Category/ Mileage  Office Sought: House District: Moleant State: LA  Category/ Mileage  Category/ Mileage  Office Sought: House District: Moleant State: LA  Category/ Mileage  Office Sought: House District: Moleant State: LA  Category/ Mileage  Office Sought: House District: Moleant State: LA  Category/ Mileage  Office Sought: House District: Moleant State: LA  Category/ Mileage  Office Sought: House District Mileant State: LA  Cother (specify) ▶  Category/ Mileage  Office Sought: House District Moleant State: LA  Cother (specify) ▶  Category/ Mileage  Office Sought: House District Moleant State: LA  Cother (specify) ▶  Category/ Mileage  Office Sought: House District Moleant State: LA  Cother (specify) ▶  Cother (specify) ▶		Salany Odlegory/ Odl	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001  Purpose of Expenditure Mileage  Name of Federal Candidate Mis. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date of Public Distribution/Dissemination  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Public Distribution/Dissemination  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Disbursement or Obligation  Tansaction ID: 3/5/4940-0/904 45bd-b Date of Disbursement or Di	ı	Name of Federal Candidate Support Offi	ce Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for O		Ms. Mary L Landrieu Oppose	President Senate State: LA
Full Name of Payee Tarrin Lesaicherre  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  Amount  Transaction ID: 35f49db-0f9d-45bd-b Date of Disbursement or Obligation  Transaction ID: 35f		Calcital Teal to Bate	4
Mailing Address 629 Radiance Ave    City	ı		Date of Public Distribution/Dissemination
Metairie  LA 70001  Transaction ID : 3f5f49db-0f9d-45bd-b Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  O7		Mailing Address 629 Radiance Ave	
Purpose of Expenditure  Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City State Zip Code	3.90
Purpose of Expenditure Mileage    Name of Federal Candidate	١	Metairie LA 70001	
Ms. Mary L Landrieu    Calendar Year-To-Date   Per Election for Office Sought   S1495.20   Disbursement For:   Primary   General		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  Substitute  (a) Substitute Independent Expenditures	١	Name of Federal Candidate Support Offi	ce Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Mary L Landrieu Oppose	President Senate State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures		54.405.00	[4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  O7  O9  2014		(a) SUBTOTAL of Itemized Independent Expenditures	73.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  O7  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 09 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eith	
Batto		[El-+	

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Evelyn Lesaicherre	07 08 2014
	Mailing Address 629 Radiance Ave	Amount
	City State Zip Code	70.00
	Metairie LA 70001	Transaction ID : 34e430bd-24f4-4398-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ee Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General
	Ter Election for Office Googht	U Other (specify) ▶
	Full Name of Payee  Evelyn Lesaicherre	Date of Public Distribution/Dissemination
	Mailing Address 629 Radiance Ave	07 08 2014 Amount
	City State Zip Code	3,90
	Metairie LA 70001	Transaction ID : b5b8e9a4-1e8f-4777-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 08 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	73.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17) ( 1) 17:1 17	07 09 2014
	Signature	

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OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXICITE	ATOTILO	PAGE 26 OF 58 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766						
Check if 24-hour report X 48-hour report	neck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Sharon Lloyd			07				
Mailing Address 4301 Lankford			Amount				
City	State	Zip Code	100.00				
Springdale	AR	72762	Transaction ID : d6b08e37-ee83-4fcc-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disbursement For:  Primary  General  2014  Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Sharon Lloyd			07 08 7 2014				
Mailing Address 4301 Lankford			Amount				
City	State	Zip Code	7.62				
Springdale	AR	72762	Transaction ID : 7ab15e8f-0607-4d8b-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disbursement For:  Primary  General 2014  General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendent	tures		. ▶ 107.62				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•				
(c) TOTAL Independent Expenditures			•				
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3.9							

	include Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
۷۱	/omen Speak Out PAC	C C00530766					
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y					
П	Full Name of Payee	Date of Public Distribution/Dissemination					
	Jeffrey Hampton	07 08 2014					
	Mailing Address 1700 E Part Ave	Amount					
	City State Zip Code	30.00					
	Searcy AR 72149	Transaction ID : 7bf9780a-137f-4809-a Date of Disbursement or Obligation					
	Purpose of Expenditure Salary  Category/ Type  001	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	Mr. Mark L Pryor Oppose	President State: AR					
	45744.70	ursement For: Primary X General					
	Per Election for Office Sought 15711.70 2014	Other (specify) ▶					
	Full Name of Payee  Jeffrey Hampton	Date of Public Distribution/Dissemination					
	Mailing Address 1700 E Part Ave	07 08 2014					
		Amount					
	City State Zip Code	3.48					
	Searcy AR 72149	Transaction ID: 5d90a8b8-5710-4f90-8 Date of Disbursement or Obligation					
	Purpose of Expenditure Mileage  Category/ Type  002	07 08 7 2014					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	Mr. Mark L Pryor Oppose	President State: AR					
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶					
	(a) SUBTOTAL of Itemized Independent Expenditures	33.48					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		09 2014					
	Signature	2014					

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OF

Schedule E)	I EXI END	HOHES		PAGE 28 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Theresa Burkhart			Date	e of Public Distribution/Dissemination
Mailing Address 3126 Chester Ct			Amo	07 08 2014 ount
City	State	Zip Code		40.00
Metairie	LA	70006		nsaction ID : 8d480c22-b7bb-4a39-be of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00		07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	51495.20	Disburseme 2014	ent For: Primary General  Other (specify)
Full Name of Payee			Date	e of Public Distribution/Dissemination
Ms. Amanda Posey				07 08 2014
Mailing Address 819 Lyons St				07 00 2014
Í			Amo	ount
City	State	Zip Code		40.00
New Orleans	LA	70115		saction ID : eadb9850-b478-4045-a e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 / 08 / 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	51495.20	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditure	S		▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		··· <b></b>	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			···· <b>\</b>	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Da	te 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sc	chedule E)	Oneo		PAGE 29 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	/omen Speak Out PAC		C00530766	
Che	eck if 24-hour report X 48-hour report New report	rt Amends report	: filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Branson Cambre		Date of Tubic	08 2014
	Mailing Address 117 Middleburg Dr.		Amount	
ŀ	City State Z	Zip Code		60.00
	Lafayette LA 7	70508		D: 3ec05ede-55c1-4a07-8 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	08 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought 5		Disbursement For: [2014 Other (spe	Primary
ľ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	Branson Cambre		M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 117 Middleburg Dr.			00 2017
			Amount	
ŀ	City State Z	Zip Code		22.98
		70508	Transaction ID  Date of Disbur	: b63db963-e0e6-4e79-b rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07 /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	82.98
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
(	(c) TOTAL Independent Expenditures		<b>•</b>	
٧	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronica	cally Filed] Date	07 09	/ Y Y Y Y Y Y 2014
	Signature			

Scl	hedule E)	<b>L</b> /(1 L.(L.	101120				PAGE 30 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766			
Che	ock if 24-hour report X 48-hour report	New repo	ort Amen	nds repo	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Amanda Boley					- M /	Distribution/Dissemination
-	Mailing Address Split Oak Drive				Amou	07 nt	08 2014
F	City S	State	Zip Code				40.00
Ĭ	charlotte	NC	28227				<b>D</b> : <b>8641c841-65b3-484d-a</b> Irsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	08 / 2014
	Name of Federal Candidate		Sur	pport	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu			pose	Preside	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		51495.20		Disbursemen 2014 O	t For: ther (sp	Primary
Ī	Full Name of Payee Amanda Boley					1 = M /	C Distribution/Dissemination
-	Mailing Address Split Oak Drive				Amou	07 int	08 2014
-	City	State	Zip Code		$\dashv \vdash$		27.39
	charlotte	NC	28227		Transa Date	of Disbu	D: 96bcee97-acbc-485c-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	08 / 2014
Ī	Name of Federal Candidate		Su	pport	Office Sough	nt:	House District:00
ŀ	Ms. Mary L Landrieu		X Op		Preside		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		51495.20		Disbursemer 2014 C		Primary X General Decify) ►
(6	a) SUBTOTAL of Itemized Independent Expenditures.					7	67.39
(I	b) SUBTOTAL of Unitemized Independent Expenditure	es				1 4	
(0	c) TOTAL Independent Expenditures				· [		
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	09	2014
	Signature						

Schedule I	E)		1101120		PAGE 31 OF 58 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	e of Payee e Butler				of Public Distribution/Dissemination
Mailing A	ddress 1676 Shady Creek Rd			Amou	07 08 2014
2::					40.00
City Ayden		State NC	Zip Code 28513		43.33 action ID: 8d394c8b-7c9f-43f6-9 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	, , ,	150523.77	Disbursemen 2014 O	t For: Primary X General
	e of Payee Butler				of Public Distribution/Dissemination
Mailing A	ddress 1676 Shady Creek Rd			Amou	nt
City		State	Zip Code		13.62
Ayden		NC	28513	Transa Date	ction ID: 133fa273-b5c6-4f0c-9 of Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002	N	07 / 08 / 2014
	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7 1 7	150523.77	Disbursemen 2014 O	t For:
(a) SUBTO	OTAL of Itemized Independent Expenditu	res			56.95
(b) SUBTO	<b>DTAL</b> of Unitemized Independent Expend	itures			
(c) TOTAL	Independent Expenditures			· •	7 1 7 1 7
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 / 2014
Signatu	re				

	Siledule Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
٧	Vomen Speak Out PAC	C C00530766					
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y					
	Full Name of Payee	Date of Public Distribution/Dissemination					
	Melanie Slagle	07 08 2014					
	Mailing Address 77 Southridge Drive	Amount					
	City State Zip Code	12.00					
	Spruce Pine NC 28777	Transaction ID : ac70f158-9484-4e34-b Date of Disbursement or Obligation					
	Purpose of Expenditure Salary  Category/ Type  001	07					
	Name of Federal Candidate Support Offic	e Sought: House District: 00					
	Ms. Kay Hagan Oppose	President State: NC					
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General					
	Tel Election for Office Sought	U Other (specify) ▶					
	Full Name of Payee  Melanie Slagle	Date of Public Distribution/Dissemination					
	Mailing Address 77 Southridge Drive	07 08 2014 Amount					
	City State Zip Code Spruce Pine NC 28777	3.30 Transaction ID : fda46a84-e17b-47c3-9					
	Purpose of Expenditure Category/	Date of Disbursement or Obligation					
	Mileage Outgoty Out	07 08 2014					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	Ms. Kay Hagan Oppose	President State: NC State:					
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ▶					
	(a) SUBTOTAL of Itemized Independent Expenditures	15.30					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		07 09 2014					
	Signature						

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OF

Sch	nedule E)	<b>L</b> /( <b>L</b> /( <b>L</b> )	1101120		PAGE 33 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
T	Full Name of Payee Allie Butler				of Public Distribution/Dissemination
-	Mailing Address 1676 Shady Creek Rd			Amou	07 08 2014 nt
-	City	State	Zip Code		23.33
	Ayden	NC	28513		action ID : 0bcd429b-80cd-4c7f-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07
h	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	150523.77	Disbursemen 2014 O	t For:
	Full Name of Payee Thomas Sisk				of Public Distribution/Dissemination
	Mailing Address 3625 Chapelwood Drive			Amou	
Ì	City	State	Zip Code		30.00
	Gastonia	NC	28025	Transa Date	oction ID: 1567533d-e754-4829-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	N	07 / 08 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursemen 2014 O	other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3		>	53.33
(k	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>-</b>	
(0	c) TOTAL Independent Expenditures			· •	7
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 07	09 / 2014
	Signature				

Sche	edule E)	EXI EIID	1101120		PAGE 34 OF 58 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	a if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D * D / Y * Y * Y * Y
T Fu	ull Name of Payee			Date (	of Public Distribution/Dissemination
	Γhomas Sisk				07 08 2014
Mi	ailing Address 3625 Chapelwood Drive			Amour	nt
Ci	ity	State	Zip Code		5.25
G	Gastonia	NC	28025		action ID : 0d2acba3-e4df-4f9c-b of Disbursement or Obligation
	urpose of Expenditure //ileage		Category/ Type 002		07 08 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	1s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	150523.77	Disbursement 2014 Of	t For: Primary X General
	ull Name of Payee Emily Butler				of Public Distribution/Dissemination
M	lailing Address 1676 Shady Creek Rd			L	07 08 2014
	·			Amou	nt
Ci	ity	State	Zip Code		43.40
	Ayden	NC	28513	Transa Date	oction ID: 9d38e3dd-8891-4a7d-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		07 / 08 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
N —	/Is. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursemen 2014 O	t For:  Primary
(=)	CUPTOTAL of the circulated bades and anti-Company districts				40.05
(a)	SUBTOTAL of Itemized Independent Expenditures	3		· L.	48.65
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			7 1 7 1 7
(c)	TOTAL Independent Expenditures			· ·	7 1 7 1 7
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	09 / 2014
_	Signature		_		

Schedule E)		1101120		PAGE 35 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Carmen Maddrey	<u> </u>		Date of Pu	blic Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			O7	08 2014
				20.00
City  Burlington	State NC	Zip Code 27215		30.00 n ID : d4fd7187-96db-4299-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	150523.77	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Carmen Maddrey			Date of Pu	blic Distribution/Dissemination  08 2014
Mailing Address 2043 Nottingham Ln			Amount	
City	State	Zip Code		2.10
Burlington	NC	27215	Transaction Date of Dis	n ID: 8cbb7879-db06-4f80-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 <sup>M</sup>	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	32.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	idate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 09	
Signature		_		

Scl	hedule E)	L/11 = 112.	10.120		PAGE 36 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766			
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
T	Full Name of Payee Tammay Williams				of Public Distribution/Dissemination
-	Mailing Address 924 N. Prieur St			Amou	07 08 2014 nt
-	City	State	Zip Code		75.00
	New Orleans	LA	70116		raction ID : 6c06821e-194e-4445-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07
t	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought		51495.20	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
	Full Name of Payee Tammay Williams  Mailing Address 924 N. Prieur St				of Public Distribution/Dissemination
Ĭ	Mailing Address 924 N. Prieur St			Amou	int
ľ	City	State	Zip Code		14.70
	New Orleans	LA	70116	Transa Date	action ID: 8c9c0317-e82d-4083-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 08 7 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	y	51495.20	Disbursemen 2014 O	nt For:  Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	;		· •	89.70
(I	b) SUBTOTAL of Unitemized Independent Expenditur	res		·· •	4 1 4 1 4
(0	c) TOTAL Independent Expenditures			· [	7
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 07	09 2014
	Signature				

Sc	chedule E)		PAGE 37 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date	of Public Distribution/Dissemination
	Jessica Habakjian		07 08 2014
	Mailing Address 4193 W. Lang St	Amou	unt
ŀ	City State Zip Code	— I.	20.00
	Farmville NC 27828		saction ID : 6ee78bb9-1cbd-42e0-a of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001		07 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2014	nt For:
ſ	Full Name of Payee	Date	of Public Distribution/Dissemination
1	Jessica Habakjian		M M / D D / Y Y Y Y Y
ŀ	Mailing Address 4193 W Lang St		07 08 2014
	Mailing Address 4193 W. Lang St	Amou	unt
ľ	City State Zip Code		9.00
	Farmville NC 27828	<b>Transa</b> Date	action ID: 790b4879-f7d4-458b-b of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002		M 07 / 08 / Y 2014
Ī	Name of Federal Candidate Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought 150523.77	Disbursemer 2014	ent For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	29.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(	(c) TOTAL Independent Expenditures	··· <b>&gt;</b>	7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent oparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	te 07	09 2014
	Signature		

							FOR SE OF	FORM 24/48
	MITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
vvomen S	peak Out PAC					C	C00530766	
Check if 2	4-hour report X 48-hour report	New rep	port Am	nends repo	ort filed on	M = M	/ D = D /	Y = Y = Y
Full Name	of Payee				Da	ate of Pub	olic Distribution/	Dissemination
rneres	a A Touchet					M M M	08	2014
Mailing Add	ress 102 French Street #3				Ar	nount		
City		State	Zip Code					52.50
New Orlea	ns	NC	70124				n ID: 80f4f9f0-9 bursement or C	
Purpose of Salary	Expenditure		Category/ Type	001		M M M	/ D D /	2014
Name of Fe	ederal Candidate			Support	Office So	ught:	House	District: 00
Ms. Mary L	Landrieu		X	Oppose	Pre	sident	X Senate	State:LA
	ar Year-To-Date ection for Office Sought	7	51495.20		Disburser 2014	7	Primary specify) ▶	X General
Full Name Theresa	A Touchet				Da		plic Distribution/	/Dissemination
					Ar	mount		
City		State	Zip Code			- "		1.50
New Orlea		NC	70124				ID: 5aedf942- bursement or C	
Purpose of Mileage	Expenditure		Category/ Type	002		07	08	2014
Name of F	ederal Candidate			Support	Office Sc	ught:	House	District:00
Ms. Mary L	Landrieu		X	Oppose	Pre	esident	X Senate	State: LA
	lar Year-To-Date ection for Office Sought	7 7	51495.2	20	Disburser 2014	ment For:	Primary	
(a) SUBTOT	AL of Itemized Independent Expenditu	ıres			•		r 1 1 4	54.00
(b) SUBTOT	AL of Unitemized Independent Expendent	ditures			•		p 1 4	
(c) TOTAL	ndependent Expenditures				<b>•</b> [		7	
with, or at th	y of perjury I certify that the indepen e request or suggestion of, any candi tee) any political party committee or it	date or authorized						
Signature	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, 07	09	201	
Signature								

PAGE

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OF

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Scl	hedule E)	101120		PAGE 39 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
W	omen Speak Out PAC		Cc	00530766
Che	eck if 24-hour report X 48-hour report New report	rt Amends repor	t filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Timothy Foley		07 O7	08 2014
Ĭ	Mailing Address 20679 Glenbrook Terrace		Amount	
ŀ	City State 2	Zip Code		70.00
	Sterling VA	20165		: a52aac49-c9d9-4879-8 sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	08 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President X	NC NC
	Calendar Year-To-Date Per Election for Office Sought	50523.77	Disbursement For: 2014 Other (spec	Primary
ſ	Full Name of Payee		Date of Public	Distribution/Dissemination
	Zachary Vidrine		07 /	08 2014
ľ	Mailing Address 202 Rue Des Cajun		Amount	التنا لتنا
-	City State	Zip Code		35.00
	Ville Platte LA	70586	Transaction ID :	: 940fb727-7a69-4895-b sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	08 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	51495.20	Disbursement For: 2014 Other (spe	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	105.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(	(c) TOTAL Independent Expenditures		<b>•</b>	7
W	Under penalty of perjury I certify that the independent expenditures revith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronic	cally Filed] Date	07 09	2014
	Signature	. — —		

Sched	ule E)	I EXI END	TOTILO		-	PAGE 40 OF 58 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wom	en Speak Out PAC				Cc	00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	on M M /	D = D / Y = Y = Y
			ort Amendo re	oport med c	,,,	
	Name of Payee achary Vidrine				Date of Public 07	Distribution/Dissemination  08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 202 Rue Des Cajun				Amount	
City		State	Zip Code			14.40
Ville	e Platte	LA	70586			: cc5078d5-4ad9-4bcc-b sement or Obligation
	pose of Expenditure eage		Category/ Type 00	02	07	08 / 2014
Nan	ne of Federal Candidate		Support	Office	Sought:	House District: 00
Ms.	Mary L Landrieu		X Oppose		President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	51495.20	Disburs 2014	Sement For: Other (spec	Primary
	Name of Payee enjamin Hernandez				Date of Public	Distribution/Dissemination
	•				07	08 2014
Mai	ling Address 915 E Market Ave				Amount	
City		State	Zip Code			50.00
	arcy	AR	72149	1	ransaction ID : Date of Disburs	: 1f79cbb0-d107-4844-a sement or Obligation
	pose of Expenditure lary		Category/ Type 00	01	07	08 / 2014
Nan	ne of Federal Candidate		Support	t Office	Sought:	House District: 00
Mr.	Mark L Pryor		X Oppose	•	President X	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	15711.70	Disbur 2014	sement For: Other (spe	Primary X General cify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure			.		64.40
(a) S	OBTOTAL OF HEMIZED INDEPENDENT EXPENDITURE	· S			7	64.40
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		▶		7
(c) T	OTAL Independent Expenditures			····· <b>•</b>	-7-	7
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	ate 07	M / D D D 09	2014
Si	gnature		_			

Sche	edule E)	II EXI END			PAGE 41 OF 58 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
011-		N		M Glad as	-M / D D / Y - Y - Y
Check		New rep	ort Amends repo	ort filed on	
	ıll Name of Payee Benjamin Hernandez				of Public Distribution/Dissemination
M	ailing Address 915 E Market Ave			Amou	
Ci	ity	State	Zip Code		5.10
	Searcy	AR	72149		action ID : 5adda06e-bb13-4b8f-9 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002	M	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	1r. Mark L Pryor		Oppose	Preside	
L	Calendar Year-To-Date Per Election for Office Sought	7	15711.70	Disbursemen 2014 O	t For:
	ull Name of Payee	_		Date	of Public Distribution/Dissemination
1	Christopher Marquess			N.	07 08 2014
М	lailing Address 110 W Pecan St			Amou	nt
C	ity	State	Zip Code		40.00
	/ille Platte	LA	70586	Transa Date	ction ID : e2619cb1-eef2-404e-a of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	N	07 D D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
N	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	ls. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	51495.20	Disbursemen 2014	t For:
(2)	SUBTOTAL of Itemized Independent Expenditur	00			45.10
(a)	SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURE	es			45.10
(b)	SUBTOTAL of Unitemized Independent Expendi	tures		• •	7
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	der penalty of perjury I certify that the independ- n, or at the request or suggestion of, any candidaty ty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m = m / e 07	09 / 2014
_	Signature		_		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FENDENT EXPEND	HOILS	PAGE 42 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	ur report X New rep	port Amends repo	ort filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			07 08 2014
			Amount
City	State	Zip Code	31.20
Ville Platte	LA	70586	Transaction ID : 6d54abb8-9f2e-446d-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	,	51495.20	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 08 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	10.00
Metairie	LA	70001	Transaction ID: 1b863ff5-b171-4a31-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		51495.20	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independe	nt Expenditures		▶ 41.20
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		. •
(c) TOTAL Independent Expenditures			
	f, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IN EXILID	, i o i c		PAGE 43 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Lesley Lennox			Date of Pub	lic Distribution/Dissemination
Mailing Address 2305 Cleary Ave			07	08 2014
2305 Cleary Ave			Amount	
City	State	Zip Code		0.90
Metairie	LA	70001		ID: 2bc170d5-6783-49ae-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		51495.20	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Robin L Bennett			Date of Pub	lic Distribution/Dissemination
Mailian Address			07	08 2014
3505 Beaumont St  Apt 13D			Amount	
City	State	Zip Code		10.00
Neosho	MO	64850	Transaction Date of Disk	ID : 67b87ebe-b77a-4a1b-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>&gt;</b>	10.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 09	2014
Signature				

Schedule E)	PAGE 44 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	s report filed on
Full Name of Payee Robin L Bennett	Date of Public Distribution/Dissemination
Mailing Address 3505 Beaumont St	07 08 2014
Apt 13D	Amount
City State Zip Code	34.50
Neosho MO 64850	Transaction ID : ec59cee0-3cea-4b63-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 Date of Discussion of Congation  07 D D D / Y Y Y Y Y  2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppo	
Calendar Year-To-Date Per Election for Office Sought 15711.70	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
James Antonetz	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr	
	Amount
City State Zip Code	30.00
Little Rock AR 72212	Transaction ID : 15c40775-3a79-4e8a-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 07 / 08 / 2014
Name of Federal Candidate Supp	port Office Sought: House District: 00
Mr. Mark L Pryor Oppo	ose President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 09 2014
Signature	

Scl	hedule E)	L. 12	1101120			PAGE 45 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	rt filed on	M = M /	D = D / Y = Y = Y = Y
T	Full Name of Payee  James Antonetz				of Public	Distribution/Dissemination
-	Mailing Address 11127 Gila Valley Dr			Amo	07	08 2014
L	0					0.00
Ĭ	City State Little Rock AR		Zip Code 72212			3.60 D: 81fb1b79-c3fb-4aef-a rsement or Obligation
Ì	Purpose of Expenditure Mileage		Category/ Type 002		07 07	08 / Y 2014
ŀ	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15711.70	Disburseme 2014	nt For: Other (spe	Primary
	Full Name of Payee Morgan T McCabe			Date	of Public	Distribution/Dissemination 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 107 Alene Ln			Amo	unt	
ľ	City State		Zip Code			30.00
	Bald Knob AR		72010			: 51c99047-0960-4f87-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	]   [	07 /	08 / 2014
	Name of Federal Candidate		Support	Office Soug	ıht:	House District:00
	Mr. Mark L Pryor		X Oppose	Presid	dent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15711.70	Disburseme 2014	ent For: Other (sp	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures					33.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures			· • [	1 -7	
(	(c) TOTAL Independent Expenditures			•		7 1 1 100
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoraty committee) any political party committee or its agent.					
		Electron	nically Filed] Date	07 /	09	2014
	Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	TIONES	PAGE 46 FOR SE OF	OF 58 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/I	Dissemination
Morgan T McCabe			07 / 08	2014
Mailing Address 107 Alene Ln			Amount	
City	State	Zip Code		4.20
Bald Knob	AR	72010	Transaction ID : ffd809b4- Date of Disbursement or O	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 08 /	2014
Name of Federal Candidate		Support	Office Sought: House I	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	15711.70	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/	Dissemination
Brian Saltzler			07 08 /	2014
Mailing Address 601 S College Road			Amount	
City	State	Zip Code		40.00
Wilmington	NC	28403	Transaction ID : 03967ced- Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	07 08 /	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	150523.77	Disbursement For:  Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	res			44.20
,			7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09 / Y Y Y 2014	
2.9				

Schedule E)	THE EXILEND	1101120		PAGE 47 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Brian Saltzler				Public Distribution/Dissemination
Mailing Address 601 S College Road			O7	
but 5 College Road			Amount	
City	State	Zip Code		2.70
Wilmington	NC	28403		tion ID: b0b2e010-668e-47be-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	0°	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	150523.77	Disbursement F 2014 Othe	For: Primary
Full Name of Payee				Public Distribution/Dissemination
Phillip Williams			M 0	
Mailing Address 3007 Darden Rd			Amount	
			Amount	
City	State	Zip Code		77.50
Greensboro	NC	27407	Transact Date of	ion ID : f179671b-76d7-4070-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	7 08 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	150523.77	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
	•			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	80.20
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 1 7 1 4
(c) TOTAL Independent Expenditures			· .	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date		09 2014
Signature				

Schedule E)	TI EXI END	71101120		PAGE 48 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			1.0	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M	
Mailing Address 3007 Darden Rd			Amount	7 08 2014
City	State	Zip Code		18.00
Greensboro	NC	27407		tion ID: 226836a4-a563-458f-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	, ,	150523.77	Disbursement F 2014 Other	for:
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Beverly Williams			0	
Mailing Address 3007 Darden Rd				2011
			Amount	
City	State	Zip Code		77.50
Greensboro	NC	27407		ion ID : 5c698c43-44e0-47c8-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	7 08 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶	95.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7
(c) TOTAL Independent Expenditures			·	7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		09 / 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	i on M=M / D=D / Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Haley Brown	07 08 2014
Mailing Address 344 Natalie Drive	07 00 2014
	Amount
City State Zip Code	30.00
Winston-Salem NC 27030	Transaction ID: 1691ff32-69ff-4034-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Haley Brown	07 08 2014
Mailing Address 344 Natalie Drive	07 00 2014
	Amount
City State Zip Code	6.00
Winston-Salem NC 27030	Transaction ID : 5dee8712-c23a-4057-8 Date of Disbursement or Obligation
Purpose of Expenditure  Category/  Category/  Category/	M = M / D = D / Y = Y = Y
Mileage Odlegory 002 Type 002	07 08 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
odioridal four to bato	ursement For: Primary X General
Per Election for Office Sought 150523.77 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	07 09 2014
Oignatule	

Schedule E)	•	PAGE 50 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Francis Richardson	M	of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	Amour	07 08 2014 nt
City State Zip Code		25.00
Lafayette LA 70503	Trans	action ID : badec423-7964-45c0-9 of Disbursement or Obligation
Purpose of Expenditure Salary  Categor Tyl		07 08 / 2014 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 51495.20		t For: Primary X General
Full Name of Payee	Date of	of Public Distribution/Dissemination
Francis Richardson	TM	07 08 2014
Mailing Address 220 Doucet Rd	Amou	للنبا لنا لن
City State Zip Code	<u>,                                      </u>	1.95
Lafayette LA 70503	Transa	ction ID: 6719b8fe-d31a-4418-9 of Disbursement or Obligation
Purpose of Expenditure Mileage  Categor Typ		07 D D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Mary L Landrieu	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 51499	Disbursemen 2014 O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		26.95
(b) SUBTOTAL of Unitemized Independent Expenditures		
(-,	, L.	7 7
(c) TOTAL Independent Expenditures	······································	7 1 7 1 4
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	d) Date 07	09 / 2014
Signature		

Sch	edule E)	<b>L</b> /(1 <b>L</b> /(2)	101120				PAGE 51 OF 58 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	ull Name of Payee Ralph Smith				Date	of Publi	c Distribution/Dissemination
	Mailing Address 2090 Fancy Gap Rd					M 07	08 / 2014
	2090 Fancy Gap Ku				Amo	ount	
С	Sity	State	Zip Code				40.00
	Mt. Airy	NC	27030				ID: 5032cf06-52ac-4f17-8 ursement or Obligation
	rurpose of Expenditure Salary		Category/ Type	001	]   [	M 07	08 2014
N	lame of Federal Candidate			Support	Office Soug	ght:	House District: 00
N	Ms. Kay Hagan			Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	150523.77		Disburseme 2014	ent For: Other (sp	Primary ☐ General Decify) ▶
F	Full Name of Payee				Date	e of Publi	ic Distribution/Dissemination
'	Ralph Smith					м = м 07	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	Mailing Address 2090 Fancy Gap Rd				Amo		سندا لتنا
		~	<del>-</del>				10.50
	City Mt. Airy	State NC	Zip Code 27030		Trans	saction II	10.53  D: 614da7cb-4866-4e88-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	Date	M M M O7	/ O8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		<u>'</u>	Support	Office Sou	ght:	House District: 00
N	Ms. Kay Hagan			Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		150523.77	7	Disburseme 2014	ent For: Other (sp	Primary ⊠ General pecify) ►
(2)	CURTOTAL of Remixed Independent Expanditures						50.52
(a)	SUBTOTAL of Itemized Independent Expenditures	ř					50.53
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			•	-	4
(c)	TOTAL Independent Expenditures				•		1 1 7 1 7
wit	der penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	09	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	-/( -/(-)	1101120		PAGE 52 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed or	1 M = M / D = D / Y = Y = Y
Full Name of Payee			[	Date of Public Distribution/Dissemination
Xavier Miller				07 08 7 2014
Mailing Address 407 randall Dr			4	Amount
City	tate	Zip Code		30.00
	AR	72143		Transaction ID: 60c7dcbb-2c7c-4e1e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	_	07
Name of Federal Candidate		Support	Office S	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		resident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disburs 2014	ement For:
Full Name of Payee Eric Wilson				Date of Public Distribution/Dissemination
				07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 907 Randall Drive			,	Amount
City	State	Zip Code		30.00
Searcy	AR	72149	T <sub>1</sub>	ransaction ID : e92d0dda-cca3-4941-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 08 2014
Name of Federal Candidate		Support	Office S	Sought: House District: 00
Mr. Mark L Pryor		X Oppose	F	President State: AR
Calendar Year-To-Date Per Election for Office Sought		15711.70	Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			, [	60.00
(a) SOBTOTAL OF NORMESON INDOPONDERS EXPONDITURES			•	00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	s		···· • [	
(c) TOTAL Independent Expenditures			···· • [	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 07	09 / 2014
Signature		_		

Sched	lule E)	EXI END	101120		PAGE 53 OF 58 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check is	f 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M
	Name of Payee melia Brackett				of Public Distribution/Dissemination
Mai	ling Address 804 Roundabout Circle			Amou	07 08 2014
				Amou	
City		State	Zip Code		10.00
	arcy	AR	72143		saction ID: be468caf-7924-4bea-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	N	07 08 7 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	15711.70	Disbursemen 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Ar	nelia Brackett			_ N	07 08 2014
Mai	ling Address 804 Roundabout Circle				
				Amou	ınt
City	/	State	Zip Code		1.14
	arcy	AR	72143	Transa Date	of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		07 08 7 2014
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr.	Mark L Pryor		Oppose	Presid	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	15711.70	Disbursemer 2014	nt For:  Primary
					· · · //
(a) S	SUBTOTAL of Itemized Independent Expenditures	<b>3</b>		•	11.14
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electroni	ically Filed] Date	07	09 2014
Si	ignature				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Christine Stevens	07 08 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	105.00
Winchester VA 22602	Transaction ID : eeb0ee8d-f356-4142-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 08 7 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	
Chris McCoy	Date of Public Distribution/Dissemination  07  08  2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	80.00
High Point NC 27260	Transaction ID : ea4bfc5b-448f-468e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 08 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 09 2014
Signature	

PAGE

OF

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXTEND	TIONES	PAGE 55 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	18.30
High Point	NC	27260	Transaction ID : cb473912-8eac-4ef2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		150523.77	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Michael Vidrine			07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: 51b5b14a-1c38-4921-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	51495.20	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		58.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  Date of Public Distribution/Dissemina  07 08 / 2014  Amount	ER ▼
Check if 24-hour report	_
Check if 24-hour report	
Michael Vidrine  Mailing Address 1103 West Wilson Street  City State Zip Code  Mar M / Dob / 2014  Amount	Y
Mailing Address 1103 West Wilson Street  City State Zip Code  07 08 2014  Amount	ıtion
City State Zip Code Amount	
	2.50
Date of Disbursement or Obligation	
Purpose of Expenditure Mileage  Category/ Type  O02  O7  O8  V Y Y ON  O7  O8  O7  O8  O8  O7  O8  O8  O7  O8  O8	
Name of Federal Candidate Support Office Sought: House District:	00
Ms. Mary L Landrieu Oppose President State:	LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary 2014  Other (energity)	eneral
Other (specify)	41
Full Name of Payee  Jeremy Hollar  Date of Public Distribution/Dissemina  07 08 201	Υ I Y
Mailing Address 121 Meadowview Drive  O7 08 201  Amount	
City State Zip Code 20	.00
Boone NC 28607 Transaction ID : b1553c78-9187-4a2 Date of Disbursement or Obligation	a-a
Purpose of Expenditure Salary  Category/ Type  O01  O7  O8  Y Y Y 2014	
Name of Federal Candidate Support Office Sought: House District: _	00
Ms. Kay Hagan	NC
Calendar Year-To-Date Per Election for Office Sought  150523.77  Disbursement For: □ Primary ▼ G 2014  Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a porparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 09 2014	
Signature	

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OF

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Sch	edule E)	EXI ENDI	TOTILO				PAGE 57 OF 58 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D D / Y Y Y Y
	ull Name of Payee Jeremy Hollar				Date	of Publi	c Distribution/Dissemination
	failing Address 121 Meadowview Drive					07	08 / 2014
	121 Meadownew Drive				Amo	ount	
С	ity		Zip Code				7.50
	Boone	NC	28607				ID: 19c9856b-303a-4bfd-8 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002	$\exists \mid \mid$	M 07	08 / 2014
N	ame of Federal Candidate			Support	Office Sou	ght:	House District:00
N	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	150523.77		Disburseme 2014	ent For: Other (sp	Primary
	ull Name of Payee				Date	of Publi	ic Distribution/Dissemination
	Ms. Tonya Boyd					м _ м 07	08 2014
N	Mailing Address 2357 Fancy Cap Rd						2011
	•				Amo	ount	
С	Dity	State	Zip Code				70.00
	Mt. Airy	NC	27030		Trans Date	saction II	D: d54aa87b-8d6b-42bf-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	08 2014
N	lame of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	150523.77	7	Disburseme 2014	ent For: Other (sp	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	i			· •	7	77.50
(b)	SUBTOTAL of Unitemized Independent Expenditure	res			· • [		7 1 4
(c)	TOTAL Independent Expenditures				•		
witl	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	м м м 9 07	09	/ Y Y Y Y Y 2014
	Signature		_				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 58 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M
Ms. Tonya Boyd	of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd	07 08 2014
Amou	int
City State Zip Code	16.53
••••	saction ID: 0ae669c4-d312-4a45-a of Disbursement or Obligation
Purpose of Expenditure	07 08 7 2014
Name of Federal Candidate Support Office Sough	nt: House District:00
Ms. Kay Hagan Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	nt For: Primary X General  Other (specify) ▶
	of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address Amou	ınt
City State Zip Code	
State Zip Code	
Purpose of Expanditure	of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate  Support  Office Sough	nt: House District:
Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	_ , _
r of Elocatin for Clinica Googlit	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	16.53
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	3392.07
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	